MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE FORM PTO-875)

10/540952 APPLICANT(S)

FILING DATE

AFTER. *AMENDMENT

DEP.

CLAIMS

	AS FILED		AFTER 1° AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER CAMENDMENT		T.
<u> </u>	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	i i
2	-1	1	 			}		51					╁쁙
3	 	 	 				ł i	_ 52					1
4		1		·			1	53		<u> </u>	-		
5_			·				1 1	54 55					
6		2					1 1	<u>56</u>		 	!		
7		2 2					i	57				 	1_
8	 	2					1 1	58				 	! —
9	 	0						59	· · · · · ·			 	} —
10		Ô					1 I	60			l		
11 12	 -	3						61		•			1-
13		A 2					1	62					1
14		- 						63					1
15		 						64.					
16							ŀ	65 66					
17			-				1	67					_
18							• •	68					<u> </u>
19								69					<u> </u>
20							l (70					<u> </u>
21								71					
22 23								72					_
24							1	73					
25								74					
26								75 76					_
27							1	77					<u> </u>
28								78					<u> </u>
29							I	79					┝
30		<u></u>					. [80					\vdash
31 32				<u> </u>			Ĺ	81					
33								82		(
34							-	83 84					_
35·							. 1	85					
36							ŀ	86					-
37							Ī	87					┝
38				•			•	88					-
39								89					
40			·					90					
42				<u>.</u>				91		· .			
43							-	92 93					
44		•					┠	94					
45 .							ŀ	95					
46							l t	96					-
47								97					Ι.
48	•							98					
49 50	·							99					
					 			100			<u> </u>		
TOTAL END.	1	4		4		1		TOTAL IND.		4		4	
TOTAL	18	4		4=		+	1	TOTAL DEP		4		400	
CLADAS	19						[TOTAL CLAIMS					
CLADES	(REV. 11/04)	La-Address and the state of the					L			U.S. DEPART	174	MENT of CO	MENT of COMMERCE demark Office